Rate Floor Data

(glid arthornia			DATA CULL	Constanting to the contract of	IB Control Number 3060-0986	
Block	f - Contact Infor	mation .		a Talah Kilaban Keli Januar Kalah Kana		
ROW#		DATA ELEMENT		FORMAT OF REQUESTED DATA	RESPONSE	
_1	Carrier Study Area Code		6 numeric digits	492274		
2	Carrier Study Area Name			alpha characters	CenturyTel SW-NM	
3	Service Provider Identification Number			9 numeric digits	143002561	
_4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	
8	Total Number of Sheets			numeric digit(s)	1	
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	2 - Residential L Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	tes; Fees, and Line Counts Column 5 Loops	
lar .						
9	\$ 16.28	NA	\$ 0,56	NA		
10	\$ 16.28	NA	\$ 0.67	\$ 3.09		
11	\$ 16.28	NA NA	\$ 0.56	NA		
12	\$ 16.28	NA	\$ 0.56	NA		
13	\$ 16.28	NA NA	\$ 0,56	NA		
14	\$ 16.28	NA	\$ 0.56	NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Of	ficer as to the Accuracy of the Data Reported for	or the Rate Floor Data
	ting carrier; my responsibilities include ensuring the accedege, the information reported on this form is accurate.	uracy of the actual rate floor data:
Name of Reporting Carrier: CenturyTel of the S	outhwest, Inc. d/b/a CenturyLink	
Signature of authorized officer:		Date 6 20114
Printed name of authorized officer: David D. Cole		
Title or position of authorized officer; Executive Vic	e President of Operations Support and Controller	
Telephone number of authorized officer: (318) 38	3 - 9000, ext	9
Study Area Code of Reporting Carrier	492274 Filing Due Date for this form (mm/dd/yyyy)	7/1/2014
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